

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- . Services in an intermediate care facility for the mentally retarded (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

*Description provided on attachment.

TN No. 92-58
Supersedes
TN No. 91-03

Approval Date 2-1-93

Effective Date 10/1/92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: FLORIDA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

 Provided: With limitations

X Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

 Provided: With limitations*

X Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

X Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

X Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

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AUGUST 1991

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21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

23. Certified pediatric or family nurse practitioners' services.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

Form No. 96-06

Supersedes

No. 92-41

Approval Date

3/10/97

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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

*Description provided on attachment.

TN No. 92-59

2/1/93

Supersedes

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TN No. 91-50

HCFA ID: 7986E

State: FLORIDA

AMOUNT, DURATION AND SCOPE OF MEDICAL
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25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

26. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in to Supplement 3 to Attachment 3.1-A.

 X provided not provided

Revision: HCFA-PM 92-7 (MB)
October 1992

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State: FLORIDA

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25. Home and Community Care for Functionally Disabled Elderly Individuals,
as defined, described and limited in Supplement 2 to Attachment 3.1-A,
and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

10/1/95
(6d)

ADVANCED REGISTERED NURSE PRACTITIONERS (ARNP):
New patient office, home or hospital visits are limited to one per recipient per provider every three years. Subsequent office, home or hospital visits are limited to one per day per recipient, except for emergency services. Routine physical examinations are provided under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program or Adult Health Screenings.

Amendment 95-20
Effective 10/1/95
Supersedes 94-14
Approval 1-23-96

1/1/91
(6a)

PODIATRISTS: Limits visits outside the hospital to not more than one per recipient per day per podiatrist not to exceed two visits per month (except for emergencies) and one per recipient per month per podiatrist upon referral from the recipient's attending physician in long term care facilities (except for emergencies). One hospital visit per day per recipient per provider is allowed. A visit is not allowed on the same day as a surgical procedure unless it is indicated by an asterisk in the provider handbook. All elective surgical procedures require prior authorization or an EPSDT referral to determine medical necessity. Excludes routine foot care unless medically indicated (ex., allowed for diabetics), also excludes experimental and clinically unproven surgical procedures.

Amendment 93-02
Effective 1/1/93
Supersedes NEW

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Approval _____

1/1/95
(6c)

CHIROPRACTIC SERVICES: Visits to a chiropractor are limited to twenty-four visits within a calendar year. Nursing home and ICF/DD residents require a referral from a physician (M.D. or D.O.). Service limitations for EPSDT recipients are listed in the EPSDT section.

Amendment 95-05
Effective 1/1/95
Supersedes 94-01

Approval 4/26/95

HOME HEALTH SERVICES

- 1/1/97
(7a) Home health service visits are limited to no more than four visits per day per recipient. The four visits may be any combination of licensed nurse and home health aide visits. The licensed nurse visits shall be the lowest skill level that will adequately and appropriately meet the needs of the recipient.
- 3/14/95
(7b) Home health aide services are provided under the direction and supervision of a registered nurse.
- 3/14/95 Home health visits are limited to a maximum of 60 visits per fiscal year. An exception to the maximum limit shall be granted only by prior authorization from the agency or agency designee, based on medical necessity.
- 3/1/97
(7c) For non-EPSDT recipients 21 years of age and older, medical supplies, appliances, and durable medical equipment (DME) furnished through a home health agency and/or medical supply/appliance/DME supplier are limited to those items listed in the agency's provider handbook. Refer to EPSDT section for EPSDT limitations.
- 10/1/90
(7d) Therapy services are not provided for non-EPSDT recipients 21 years of age and older. Service limitations for EPSDT recipients are listed in the EPSDT section.

Amendment 97-05
Effective 3/1/97
Supersedes 97-03

Approval Date 9/22/97

Revised Submission 8/29/97